

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT
ACCOUNT REVIEW FORM

Date: _____

Division: _____

Requested by: _____

Account(s) charged:

Fund	Dept ID	Section	Account	Site	Project	Amount

Purchase Order No: _____

Purchase Order date: _____

Vendor: _____

Account(s) that should have been charged:

Fund	Dept ID	Section	Account	Site	Project	Amount

Date of entry: _____

Reason: _____

Your request has been denied because _____

If you disagree with this explanation, you may submit your request to: _____